

Membership #: _____

NORFOLK FITNESS & WELLNESS CENTER

Membership Application

Application Date: _____

Name: First _____ MI _____ Last _____

Street Address: _____

City, State, Zip Code: _____

Home Number: (____) _____ Work Number: (____) _____

Gender: ☐ Male ☐ Female Email Address: _____

Birthday (MM/DD/Year): ____/____/____

Type of Membership (Check One): ☐ 4 & under (free w/ Adult Membership & Supervision only)
☐ 5-7 yrs (Adult Supervision at all times) ☐ 8-14 yrs (Fit Kids Zone: A Parent must sign child in_
☐ 15-23 yrs ☐ 24-65 yrs ☐ 66-80 yrs ☐ 81 yrs – up (free)

**Note: Due to regulation: Ages 14 and under are not allowed in the following areas to work-out:
Treadmill and Circuit Room, Weight Room, Cardio Bike Room and Stretch Area.**

However, the Fit Kids Zone, Gym and Pool area is available for this age group with Adult supervision.

Guardian/Mother's Name: _____
(for child member only) Phone: (____) _____

Guardian/Father's Name: _____
(for child member only) Phone: (____) _____

Family Physician's Name: _____ Phone: (____) _____

Please list any applicable medical restrictions: _____

Emergency Contact: _____ Phone: (____) _____

Street Address: _____

City, State, Zip Cope: _____

Help us meet your needs! The following optional information will help the Norfolk Fitness & Wellness Center provide quality programming for community needs.

How did you hear about the Norfolk Fitness & Wellness Center?

☐ Friend/Family ☐ Flyer ☐ Newspaper ☐ Radio/Television ☐ Other _____

What programs are you most interested in?

☐ Aquatics ☐ Exercise Classes ☐ Walking Program ☐ Personal Training ☐ Health Fairs
☐ Massage ☐ Aquatic Classes ☐ Childrens Programs ☐ Sports ☐ Wellness Classes
☐ Other _____

"All memberships are final, there are no refunds, prorations or transfers!"

***Please read and sign Statement of Understanding on back of form.**

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STATEMENT OF UNDERSTANDING

I hereby certify that I am physically fit and able to engage in the Norfolk Fitness & Wellness Center activities for which I am registered and acknowledge and agree that the City of Norfolk has no knowledge of my physical condition or abilities and is relying entirely on me not to attempt to undertake activities at the Norfolk Fitness & Wellness Center which I am not physically fit or able to perform without risk to my health or safety. I acknowledge and agree that the City of Norfolk cannot make an independent evaluation of my physical health, condition, or abilities and is, therefore, relying upon my representation as stated herein.

(Signature)

(Date)

(Parent/Guardian Signature for 17 years & under)

(Date)

I hereby acknowledge that I have received a copy of the Norfolk Fitness & Wellness Center Membership Handbook and that I will abide by the policies and rules. _____ Initial

I understand that the annual membership fees to the Norfolk Fitness & Wellness Center are payable in one lump sum and that my membership is non-refundable, non-transferable and \$0 dollar amount prorations will be made for whatever reason.

(Signature)

(Date)

(Parent/Guardian Signature for 17 years & under)

(Date)

OPTIONAL:

In regards to my participation and membership in the Norfolk Fitness & Wellness Center, I grant full permission to the City of Norfolk to use any photographs, videotapes, and motion pictures for any legitimate purpose.

(Signature)

(Date)

----- OFFICE USE ONLY -----

Please complete the following:

ID Verified: _____ yes _____ no If no, reason why: _____

Sex Offender Check Completed (yes / no) _____ passed _____ failed

Tour implemented: _____ yes _____ no _____ waived

Membership Handbook overview completed: _____ yes _____ no _____ waived

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